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MINDVERTIGKEIT.

" He is *only* an honorary, he works *without* pay, he is *only* a private practitioner". We have been hearing some of our stipendiaries speak thus of members of the Independent Medical Profession. We pity them their sentiments. We could even excuse them. But when we find our own men speak disparagingly thus of themselves and self-efface before these stipendiaries we find no words strong enough to express our condemnation. "*Service* first and always" might be a good motto for the paid. But service to the public in whatever capacity should be the ideal before the Independent Medical Profession and no better way of service exists than in the voluntary work in the hospitals. Get rid of that inferiority complex and take a pride in your voluntary service.

"Child Practice."

For many doctors there is no branch of modern medicine that offers a greater amount of genuine satisfaction or a wider range of real opportunity than the practice of pediatrics. A pleasing personality and an inborn love for children are the necessary requisites which would give us more pleasure and more advantage than in any other branch. Here the doctor deals with human beings in their most dependent and plastic stage of existence. Their utter helplessness makes its own appeal; their impressionability offers a challenge.

What boys and girls to-day think of their doctor will in large measure determine what men and women of the future will think of the medical profession as a whole. To win the friendship, confidence and admiration of a youngster, to become the hero of a childish mind, to make some boy or girl want to grow up strong and fine, physically and mentally is a goal worth striving.

Children are keenly discerning, they are quick to recognise real sympathy and perfect understanding and equally quick to direct the sugar coated pills of assumed affection. When a pediatrician is not a success, a study made of the cause of his failure will reveal in nine cases out of ten a personality which lacks something necessary to make it perfectly altered to the way of childhood.

Preventive medicine seems to make more rapid strides in protecting children against disease than in safeguarding any other age group. New developments are constantly being evolved. The alert child specialist is kept ever on his toes. Then there are parents to be considered. What doctor who works among children has not experienced that sense of satisfaction in knowing that he has saved a baby's life and won the everlasting gratitude of the parents.

There is a permanency to the practice not found in other branches of the profession. If the doctor wins the confidence of a child's parents and succeeds in making the little one his friend there is small likelihood of the frequent shifting about from one practitioner to another. Many a woman will neglect her own health—many a man will postpone seeing a doctor—but let these men and women have a baby and they will in almost every instance sacrifice all, if called upon to do so, to assure their child prompt and effective medical care.

The Medical Curriculum and its Reform.

By H. Willoughby Lyle, F.K.C., M.D., F.R.C.S., J.P.,

Dean of King's College Hospital Medical School, 1911-1931.

The chief difficulty in making any reform or revision of the medical curriculum appears to be the vested interests of some of the professors and teachers, more especially those of the earlier medical subjects. The suggestions outlined in this article are put forward mainly in the interest of medical students. It may be accepted as an axiom that the primary purpose of medical education is to train young men and women to become useful general practitioners. In this way doctors, by alleviating illnesses, preventing the spread of disease, and in some circumstances even by preventing disease, may become of real services to their fellow creatures.

A secondary purpose of medical education is to provide opportunities for post-graduate study, whereby men and

women already qualified to practise their profession may acquire more intimate knowledge of some particular branch of their profession, and, when of sufficient experience and qualification, may become specialists and consultants.

When considering the present medical curriculum and its possible reform, it would appear that there is not only room for improvement in some of the subjects which have to be studied, and in the method of teaching them, but also in the type of person who is appointed to instruct medical students. The medical curriculum as it now stands is usually divided into three distinct periods of study, and in which at the present time and under the prevailing conditions there appears to be no overlapping: the first is the period during which the preliminary or pre-medical subjects are taught; the second, during which the intermediate subjects are studied; and the third or longer period of three years spent in a recognised teaching hospital, where the final subjects are pursued.

It is generally admitted that those about to enter upon their medical training should not be permitted to do so until they have attained the age of eighteen years. Until that age it is advisable that budding medicos pursue their pre-medical studies while at school. The chief reason being that up to the age of eighteen school discipline is a great deal more conducive to study than is the greater freedom of the early medical school or college life. Many a boy of sixteen or seventeen years has gone astray in the earliest days of his medical school career.

Many of the public schools and secondary schools are now staffed by some master who have undergone a scientific training at a university, and there are at these schools up-to-date and well-equipped science laboratories in which pupils can be grounded in the principles of chemistry, physics, and of animal and vegetable biology. Such science classes at school would in all probability be small, but this must be an advantage to the student, who would receive individual attention and tuition. It is freely admitted that science teachers at schools have not the wide knowledge and experience of professors and lecturers of university rank, but in our opinion school discipline and individual teaching far outweigh the higher university method of instruction at this particular period of the medical curriculum. Surely university teaching is hardly necessary in the pre-medical subjects.

After the pre-medical examination has been passed and the age of eighteen attained, the budding medico should lose no time, but at the earliest opportunity enter a medical school. The subjects then to be studied are organic chemistry, perhaps better styled bio-chemistry, anatomy, physiology and pharmacology. This course should extend over two years.

The bio-chemistry instruction must include practical work, and should be taught by a bio-chemist rather than by a pure chemist. It would be a great advantage to the students if the teacher were a qualified medical man. It is surely more important for the medical student to learn early in his career something of the principles of the properties of carbohydrates, fats, proteins and vitamins, than to have to memorise such details as the complicated constitutional formula of bodies like the tartaric acids.

It is a distinct advantage to the students if the teachers of anatomy have had some previous clinical experience, and the anatomical demonstrators and tutors are members of the surgical staff of a teaching hospital. Instruction in what may be termed

academic anatomy is not required by medical students, but what is necessary is that plain anatomy which applies to their later studies. It is to be deplored that the former "bones examination," held by the Royal Colleges of Physicians and Surgeons at the end of the first six months of the medical curriculum, has been dropped. The tuition on "dry bones" was an excellent training for pupils and demonstrators alike.

Physiology should be taught by one who has had an extensive experience in clinical medicine, and who *continues* to show interest in applied (human) physiology. Academic physiology is not required by the average medical student, but sound applied human physiology. The demonstrators or tutors in the physiological laboratory should be appointed from those who occupy junior posts on the medical staff or in the special departments of the teaching hospitals. It must be a great advantage to medical students if they are instructed in anatomy and in physiology by those who can apply their knowledge to the final subjects of the medical curriculum. Histology should be taught by one associated with the professor of physiology, and in a laboratory which is part of the physiological department.

Instructions in pharmacology is usually given by one who carries on research work, and demonstrates experiments with drugs upon animals. This type of teaching so far as it goes is excellent, but it should be kept in mind that medical students have eventually to treat humans, not animals. In this connection, it would be a distinct advantage to the students if the teacher of pharmacology were a member of the staff of a teaching hospital, and was in charge of beds whereby he could demonstrate clinically the practical value of much of his laboratory work.

Here we would point out the great advantage to the student of attendance in the out-patient department of a recognised teaching hospital during the two years' study of the intermediate medical subjects. This arrangement might possibly be inconvenient to the teachers, but it ought to be made possible. Such attendance would stimulate the students' interest in anatomy, physiology and pharmacology if he is encouraged to exercise his powers of observation of patients: to see some of the results of injury, to examine various kinds of swellings, to feel the pulse, to listen to heart and lung sounds, both *normal* and abnormal, to learn something of the reflexes, including the various pupillary reactions, and withal to learn something of the practical use of drugs.

In the earlier days of the medical curriculum the occasional attendance of the student in the out-patient department during the first and second years of study was the usual custom. When the teaching of the intermediate subjects became completely separated from that of the final studies, an arrangement which occurred a few years before the Great War, the old tradition of attendance in the out-patient department now no longer prevails. Surely this change was a mistake for the efficient training of medical students. If some such arrangement as this cannot be again entered into, we would stress the importance of transferring the teaching of pharmacology from the intermediate period to that of the final period of the curriculum, when students have the opportunity of learning something of the practical use of drugs employed in the treatment of disease.

At least three years should be spent in pursuing the study of the final subjects of the curriculum in a teaching hospital, where the students learn the practical side of their profession.

A large and varied amount of clinical teaching should be available.

During this final period the students are required to attend a great many lectures, but for our part we believe that the number of these lectures is overdone. It is true that some subjects lend themselves more readily to lecture teaching than others; the presentations of midwifery can hardly be taught by the bedside while hygiene, forensic medicine and toxicology must be expounded in the lecture theatre. We would lay much stress on the importance of clinical lectures, provided that they are illustrated as often as possible by actual demonstration on the patient and by pathological specimens. Carefully selected cinematograph films are interesting and entertaining: they hold the attention of the students and are often of real educational value.

Too much stress cannot be laid upon the importance of tuition given in the wards and in the out-patient department by both senior and junior members of the hospital staff. Organised instruction should be given in applied physiology as well as in applied anatomy; sound physiological teaching is of the utmost importance to the students. The regular attendance of the students in the pathological laboratory and in the post-mortem room should be insisted upon. Small classes are much more beneficial to the student than large ones, especially when the instruction is of the nature of demonstration.

We would lay stress upon the appointments made by the governing bodies of the individuals who are chosen to instruct the students. Men and women come to the medical schools to be advised and guided in their studies, and to be taught; they should, therefore, be under the direction of those who can and who will take the trouble to teach.

The examining boards and the deans require the students to attend lectures; it is imperative therefore that the lecturers should take the trouble to prepare their lectures, and feel that while they are lecturing they really are teaching; they should not be content merely to read, often times much too rapidly, from typed pages for forty-five minutes, and then congratulate themselves that they have "given their lecture." A short course of lectures on preventive medicine delivered by experts in the subject is of the utmost benefit to senior medical students.

Recently-qualified students should be encouraged to obtain a hospital resident appointment and for those about to enter into general practice, a few carefully prepared "talks" on the conduct of general practice by a general practitioner of wide experience would be a great advantage.

Men and women who have gone into general practice, and others, too, who are practising their profession, should be encouraged to return to their *alma mater* for at least a few days once a year in order that they may enjoy the advantage of lectures and demonstrations by their former teachers on some of the more recent advances in medical science. In this way former students of a medical school have an opportunity of increasing their knowledge, and the practitioners themselves become more useful and helpful to the community which it is their privilege to serve.—*Medical Press & Circular.*

Panel System of Medical Relief Scheme.

(KARACHI COMMITTEE'S REPORT.)

The Karachi Municipal Corporation had 8 general dispensaries and 3

dispensaries for women and children. Each dispensary was in charge of a medical officer with the necessary staff under him and medicines were supplied free to the public. The Municipality actually spent Rs. 99,947 on general dispensaries in 1928-29 and Rs. 91,906 in 1929-30 and by means of severe cuts in 1930-31, expenditure in that year was reduced to Rs. 85,400. These figures do not include expenditures on 3 Maternity Homes, one T. B. Dispensary, one Epidemic Diseases Hospital, one Eye Clinic and one Venereal Clinic and the portion of Health Officer's pay on account of supervision by him over the several dispensaries. It may also be mentioned here that the doctors in the service of the Municipality are not allowed private practice or to visit any patient and treat him even free. The grade of pay of the Medical Officer is Rs. 200—20—300 but it has been reduced for new entrants to Rs. 100—10—200.

Owing to financial difficulties, the Municipality on the recommendation of the Retrenchment Committee, decided to reduce the expenditure on medical relief and introduced a system of charging one anna per day's treatment and also reduced the number of doctors from 11 to 4 and arranged that each doctor would attend two dispensaries, one in the morning and the other in the evening. One doctor was subsequently appointed full time at Keamari Dispensary and one doctor of the General Dispensaries, thus relieved for half the day has been helping the medical officer of Tuberculosis Dispensary in the morning when there is much rush of patients. The expenditure on this system as provided in current year's budget is Rs. 41,370 the estimated income from one anna charge being Rs. 30,000 during the year. But owing to the malarial fever and general sickness due to last heavy rains the Municipality resolved not to charge one anna for the months of August 1933 to January 1934 and consequently the expected income will be reduced to about Rs. 12,000. This would mean a total expenditure of Rs. 29,370 on Medical Relief, during the year.

The Municipality in the previous years used to allow private practice to the Municipal doctors and their salary was kept low at the time. In the year 1920 the Municipality resolved to increase the grades of doctors and stopped private practice. The idea was that doctors might not be induced to draw the patients, who come to the free Municipal dispensaries, to their own dispensaries and thus indirectly charge them unnecessarily.

Proposed New Scheme.

Details regarding the working of the new system are given in a printed booklet a copy of which has already been supplied to each member. Some of the rules suggested therein might require alterations before the scheme is brought into operation and then we could go on making amendments in the light of experience that we might gain. The main future of the scheme are as under:—

(*a*) The city will be divided in a certain number of blocks. Details of these are as are shown in a plan for easy reference marked Appendix A.

(*b*) For each of these blocks applications will be invited according to rules from those doctors who desire to co-operate with the Municipality under the scheme, and appointments made.

(*c*) Doctors must reside in the area for which they have been appointed.

(*d*) The subscribers to this system which will be on a co-operative basis will have a right to select any doctor, not only of the area in which they

themselves live, but they can choose even from doctors of other area where they may like to go to them during their illness.

(*e*) There will be two classes of subscribers and each subscriber will be an individual person as under:—

Class A paying Rs. 3 per annum.

Class B paying Re. 1 per annum.

(*f*) Those under class A (paying Rs. 3) can go to a doctor's surgery for treatment and also can get visits at their residence free of charge.

(*g*) Those under class B (paying Re. 1) will have to go to doctor's surgery for treatment. But if the patients under this class desire the doctor to visit them at their houses an extra charge of annas 12 per visit during day and Re. 1 at night will have to be paid.

(*h*) In case of doctors of the same area in which the patient is living, if calls for visits are made during surgery hours, the doctors will attend to them immediately after the surgery hours and no gharri hire will be payable. If calls are made at odd hours the doctor is required to attend to them after his next surgery hours, in that case also no gharri hire will be payable. But if calls are made at odd hours and they are required to be attended to immediately, actual gharri hire will have to be paid every time. In case of doctors not living in the case area but in the adjoining one, the above rules will apply regarding gharri hire. But in case of doctors living further away, gharri hire will have to be paid every time whether the calls are made during surgery hours or at any odd hours.

(*i*) The doctor will examine the patients in his surgery or at the residence of patients, and will, as necessary, give prescriptions for medicines, attend surgically, give injections or render any other aid falling within the range of the work of a general practitioner.

(*j*) The Municipality will keep dispensing centres in different parts of the city where medicines will be supplied free, dressings, etc., will be supplied to doctors. The details and estimated cost of such centres are shown elsewhere in the report.

(*k*) The doctor will get Rs. 2-4 per each subscriber under class A and annas 12 under class B. This means that the Municipality will save annas 12 per each subscriber under class A and annas 4 under class B.

(*l*) The saving so made will be spent on supplying medicines at the dispensing centres in the city and other necessaries.

(*m*) The doctor will be bound to visit the A class subscribers as many times as necessary.

(*n*) Each doctor will be allowed to take subscribers on his panel up to a maximum number of 2,500.

(*o*) The right of being a subscriber will be given to those persons whose income is with the following limits :—

Those earning Rs. 75 or less after making an allowance of Rs. 25 per each member of his family. For example if A earns Rs. 100 and if he has got 2 members in his family, the allowance admissible therefore would be Rs. 50 and the net saving to him would be Rs. 50 against Rs. 75 admissible under the rules and thus he would be entitled to membership.

The above are the salient features of the proposed scheme of medical relief on co-operative basis.

ADVANTAGES.

The advantages of the proposed new system over the present one are:—(1) that the patients will have an opportunity to select a doctor in whom they can confide and this means half the cure. (2) Doctors will have the advantage of having a large field and they will not be restricted only to their own dispensaries as at present. (3) The doctors having their own practice will be independent and they will have the advantage of getting vast experience and becoming more thorough in their work which opportunity is denied to our present doctors who have to remain for the whole day confined to their dispensaries, examining only ordinary cases of illness. (4) Patients will be able to get doctors at home. The great difficulty of our present system is that when any patient reaches rather a serious stage of illness when he cannot walk or get out of the bed, he cannot take advantage of the Municipal dispensaries, with the result that he has to call a private doctor or suffer till the end. If he calls a private doctor he has to pay more for each visit and for the medicines too, while under the proposed panel system, every member will have the advantage of getting doctor free at home in addition to the free supply of medicine from the dispensing centres.

In certain other respects also, our present system is really disadvantageous, in that the poor people do not get any benefit of the doctors at home, specially in winter when there is a lot of Pneumonia. Again when Typhoid, and Enteric other fevers are prevalent in other seasons, the patients cannot be expected to move out of their beds with the result that a large number of them suffer, owing to lack of proper treatment.

WORKING OF THE SCHEME.

The number of patients treated during the last year when one anna fee was levied, was 115,000 and during the years 1927-28, 1928-29 and 1929-30 when one anna fee was not in vogue and when the medicine was given free, the attendance of patients was as under:—

1927-28	198,094
1928-29	217,957
1929-30	242,589

The above figures give an idea as to how many patients take advantage of our dispensaries.

It is very difficult to say at this stage as to how many persons will take advantage of the proposed co-operative system under both classes. As far as the Municipality is concerned it ought to be our ideal that the largest number should take advantage of this system. Judging from our experience and the various advantages under the new system, we feel, as time passes with growth of education, the number will go on increasing every year. A family consisting of 5 members by paying Rs. 5 per annum can get treatment without any additional expenditure and can get medical practitioners to attend them at home by payment of Rs. 15.

In order to afford convenience to all men with moderate means the Committee suggest that easier instalments of payments be allowed in the case of the poor, as under:—

Two instalments *i.e.*, payable every sixmonths, *i.e.*, an instalment of Re. 1-8 for Rs. 3 class and of anna 8 for one rupee class (This has been so fixed as to give advantage to the man of the smallest means.)

The population of Karachi at present is 260,000 and it is estimated that at least 100,000 will join the co-operative system as under:—

20,000	persons under Rs. 3 Class
80,000	" " Re. 1 "

After praying at the rate of Rs. 2-4 per each member under Rs. 3 class and annas 12 under one rupee class to the Panel Doctors, the saving to the Corporation is estimated at Rs. 35,000, as under :

	Rs.
Rs. 3 class saving per annum.	15,000
Re. 1 class „ „	20,000
Total ...	35,000

The above saving will be spent on the dispensing centres where medicines will be supplied free, as under :—

Rs. 9,000 for medicines, etc.
„ 20,000 for staff (compounders, peons, etc.)

Dr. E. D. Shroff, Health Officer, estimates the expenditure as under :—

	per each centre. Rs.
Medicines ...	1,500
Average pay of compounder.	600
„ „ peon ...	300
Rent, etc. ...	600
Total ...	3,000

i.e., for 10 centres, the expenditure will come to Rs. 30,000 less Rs. 1,200 on account of rent for two dispensing centres, *i.e.*, total Rs. 28,800.

Thus the position so far the Corporation is concerned will be as under :—

	per annum Rs.
Income ...	35,000
Expenditure ...	28,800
Saving ...	6,200

Considering the heavy amount which we annually spend on medical relief, it will be seen that the Panel System on the whole will be more advantageous from the economical and financial points of view, as also from the point of view of doing the greatest good to large number of people.

Problems and Solutions.

While making the above recommendations, the Committee is not unconscious of some difficult problem which will have to be solved. The main difficulty will be as under :—

(1) To get doctors to live in certain areas where they are not living at present. The Committee feel that this difficulty will be less as time passes, as every year a large number of doctors pass out and we also expect some public spirited doctors to come forward to co-operate with us.

(2) It has been suggested in the report submitted by Dr. T. K. Uttam Singh and Dr. Shroff that dispensaries should be retained in poorer quarters such as Lyari Quarter. The Committee has considered the question very carefully and have come to the conclusion that it will lead to many complications.

(3) There are poorer persons in all quarters and the Corporation will not be able to refuse dispensaries in other quarters, for all the time; once we begin to retain dispensaries, the whole system of co-operative medical relief will fall to pieces.

(4) The Committee therefore feel that an educative propaganda on a large scale will have to be organized to convince the people that the new system, is far better than the present one, and it will pay them to take advantage of the Panel Scheme in the long run.

(5) The next problem is in connection with the treatment of destitutes. The Committee have given serious consideration to this problem. In addition to this relief under the Panel Scheme, the Committee thinks that there will be some free dispensaries in the city managed by the charitable disposed persons either from the charitable trusts or donations and such class of people could well take advantage of them. There are some communal dispensaries already run in the City and they will also render some service in this respect.

In order to get over this problem, the Committee suggest payment of fees by easy instalments of a few annas every half year though it is generally desirable to levy such nominal fees in advance. Even though this collection by instalment system mean some extra work for the Corporation, the Committee feel that in order to make the scheme a success, this will have to be undertaken. Even then there will be a number of destitutes in the City and the Corporation should begin to think about it. In the report by Dr. Uttam Singh and Dr. Shroff, it has been suggested that such destitutes on producing a certificate signed by a certain committee to be appointed for this purpose will be allowed free treatment. The Committee feel that this can be easily done and if we can induce the doctors to take atleast 10 per cent destitutes, of the total number of subscribers, this problem will be solved to a great extent. But if this cannot be done, the Committee suggest that the Corporation should pay for such destitutes and a sum of Rs. 10,000 can be easily earmarked for this purpose as under the new system we will be saving the whole expenditure under the present system. A Panel Institution of Almonars can be created for enrolment of destitute persons which will be financed not only by means of Rs. 10,000 to be contributed by the Corporation but also from donations, subscriptions and charities of the philanthropic persons from whence they might collect and distribute.

The main problem will however be, whether one lakh of persons as estimated above will join the Panel Scheme. Much will depend upon this. The dispensing centres will have to be kept whether one lakh or 50,000 members join the scheme. The Committee however hope that with the growth of education and the educative propaganda, the goal will be realised.

The Committee consider the new system quite practicable and recommend that it should be brought into operation without delay so as to afford its advantages to the public as soon as possible.

If the report is adopted and if the system outlined therein is introduced, the Committee further suggest that ample time should be given, say 6 months, to the public of Karachi, informing them that the dispensaries will be closed and explaining to them through press and platform propaganda in English and Vernacular, the salient features of the scheme and its advantages.

The collection work of small subscriptions, we admit, is difficult. In ordere to get over the difficulty, it is suggested, that the amounts should be payable one month in advance in the Municipal Office, and tickets issued to those who have paid.

The Committee further suggest that if the scheme is adopted by the Ccrporation the Committee be empowered to work out the details for the purpose of given effect to it.

Unemployment and Birth Control.

By G. Raman Pillai, M.B., CH.B. (EDIN.),

Trivandrum.

The nightmare of unemployment, with its train of idleness and anarchy, stalks through every country, agricultural no less than industrial, and invades every society, refined no less than rural. The sudden rush of the gathering flood of population has over. taken us unawares before we have studied its mode of causation and evolved adequate plans for its remedy, The issue still hangs in the balance between the claims of the lusty millions pounding at the gates of employment, and the privileges, so to speak, of the generations not yet born, or conceived in the womb of time.

Unemployment has to be looked upon as a Cancer-like disease of the body-social, the superfluous production of individuals reacting upon society very much in the same manner as the abnormal multiplication of certain body cells results in a life of parasitism or 'Cancer' in the organism. If the control of births is still regarded as a purely personal or family affair and not a concern of the state, the problems of unemployment, that are mainly a direct consequence of uncontrolled reproduction, are assumed as a responsibility of the State. The State is thus saddled with, and has surprisingly accepted, the responsibility that should ultimately belong to the family or to the individual who, brooking no interference in his indulgences, clamours for relief from evils the outcome of those very indulgences he would not curtail. Governments are warned to hold their hands off the operations of the "biological laws of nature"; in other words to abet by their neutrality or active intercession, the unlimited exercise of what is assumed as the primary purpose of creation. By centuries of effort, statesmen have achieved peace and plenty and freedom from epidemics that originally helped to adjust the balance of populations within the limits of comfort and competence. It would now appear that the 'biological laws' of reproduction are to be allowed their fullest scope, but not those other equally "natural" laws that effect adjustments and clear the world of surplus or effete human life. The sacredness of the 'biological' function of man has since been forgotten and the world is stocked to-day with the good, bad, and indifferent, in proportions hard to be supported, by the dwindling body of active workers.

The problem is not merely one of finding food for so many mouths; it is one of devising plans for the remunerative occupation of the bulk of the citizens who are willing and fit for employment, as also for the weeding out of the unfit by a process of selection All government degenerates when the unfit usurps through influence and intrigue, and self-respecting merit is ignored or suppressed. Employment has its limits, especially in a mechanising world; population has no limits especially when wars and epidemics and even earth-quakes have become scarce, and when the least war-like are disposed to carry the palm as regards the growth of population. The tackling of the birth control problem, therefore, is at least as urgent and important as that of the unemployment problem. The two seem intimately related as cause and effect; and public opinion can only react in its favour if the facts are plainly stated and the alternatives clearly understood, so that communities may realise what a growing burden they would have to bear, if their responsibilities are loaded with a superfluous and idle population for whom asylums would multiply.

There is no inhumanity involved in the prevention of unwanted births as there is in the inadequate maintenance of the weakling and the incompetent or the unfortunate. There can be no sentiment of cruelty in acting against the unborn as opposed to the neglect of the unemployed. Indeed it is the essence of humanity to avoid conception when the resulting birth is likely to lead to misery and suffering.

It is estimated that the population of India would mount up to about 400 millions in the year 1941. What an alluring prospect for the lucky (rather unlucky!) wage-earners who have to feed them and keep them in health and even to organise unemployment benefits or insurance schemes for a vast continent! The economic argument, by itself, seems to carry everything before it, in favour of a judicious control of human births. The cries of "Race-Suicide" and "Annihilation of the species," are rapidly being pushed under the economic pressure, every civilized nation is secretly indulging in birth control as a practical proposition. A casual observation would convince us that mankind has attained a stage when over-production of 'man-power' has precipitated an acute crisis of cut-throat existence that has become a serious menace to the continuance of the species. The great war has demonstrated to us the birth of this; and greater wars are by no means an impossibility in the present temper of civilized nations. The cult of undiscriminating and unlimited "Race multiplication" has become a positive danger to the human species, and is giving place to the sane ideals of discriminating and controlled increment of population. To weed out or sterilize the unfit and to emphasise quality for quantity are the means of evolving a new and virile species that can perpetuate human domination and minimise conflict on the earth's surface. The trend of humanitarian practice, so far, has been to search for and preserve even the feeblest, on artifical foods if need be, or within the incubating chamber,—all this trouble "for the benefit of the race." Carried further, this idea is capable of further refinement so that expiring life may even be prolonged beyond its accustomed span by some ingenious continuance of artificial respiration for the preservation of the species that are near to throaling each other! What we aim at, is not a high birth rate or a low death rate as such, not a world of convalescents and defectives eking out a parasitic existence upon an industrious community, but an increasing number of healthy and efficient survivals who can justify their existence. Some animals die off soon after reproducing their kind—a provision evidently to avoid over-stocking of the species. The essential purpose of man's existence cannot surely be the biological function of reproduction, it is surely the nobler one of making the world contented and happy, by bringing about harmony in life instead of the cut-throat competition and disharmony caused by insufficient opportunity. Wealthy England can afford to spend 107 millions sterling, and America as much as a billion dollars, a year, on temporary relief to the unemployed; poor India can ill afford such doles to its teeming millions. The conditions of the health of Indian cities are rapidly deteriorating owing to the lack of adaptability of the people to their changing environment. An increase in the population would, of course, aggravate those conditions. It is believed that the knowledge of sex matters including that of birth control would propagate immorality extensively. The conspiracy of silence on such vital subjects deludes only the elders and ignorant puritans. Where silence is enjoined and knowledge is withheld the inevitable result is the

gathering of harmful and incorrect information resulting in the dissemination either venereal disease or an aggravated form of immorality.

In order to remedy the evil of depopulation, France in 1920 enacted a law penalising abortions and contraception. The effect of this measure was to reduce the number of births rather than to increase it. This was unexpected as also the further disconcerting sequel that the number of abortions in France promptly rose to 500,000 in a year in a country whose births amounted barely to 75,000 in a year. The figures for infanticide also rose wherever the State intervened and prohibited birth control. New York alone is credited with 80,000 abortions in a year. The moralists may well be staggered to find that when they endeavoured to save the unborns for humanity through 'natural' means, human nature avenged itself by actually destroying life by criminal abortions and infanticide! Is the control of births a sin if it helps to reduce the crimes of infant murders and illegal abortions that seriously endanger the health or life of the poor mothers ?

Birth control is necessary in the interest of the father who has daily to fight his economic battles, of the mother who is worn out by frequent child births, of the progeny that is weakened and faced with a more complex and competing world, and of the citizen who has to meet the charges and work for an insupportable and ever increasing burden of unemployment and physical degeneration.

How to control the birth rates ? International action would suggest itself to some. But, in the present temper of the nations, any proposals for the limitation of births would have as little success as for the limitation of armaments. Nations and creeds are still obsessed with strategic considerations of superiority of 'man-power' over others. The species is altogether forgotten, and creeds and clans occupy all our horizon. With a mentality of embarking on a race in armaments when a limitation of them is suggested one cannot be too cautious in opening negotiations for a truce in birth promotion! In view of the paramount need for the preservation of the species, an understanding has to be reached, and facilities provided for instructing the people on the advantages and methods of birth reduction even to the extent of discouraging too large familes. The conclusion seems irressistable. Unless the State is prepared to assume the grave responsibilities of unemployment and its consequences, it has to interest itself more actively in the birth control problem.

Birth control is now an approved means of limiting the family for any reason, although the higher aspect of the danger to the species has not yet been sufficiently emphasised owing no doubt to national or sectarian jealousies. Almost every country has adopted the practice after overcoming stout opposition. In 1926 that august assembly, the House of Lords of England carried a motion withdrawing opposition to the imparting of instruction on birth control to married women. Following this, in 1930, the Ministry of Health "*permitted*" Local Authorities to instruct married women on the subject 'in cases where further pregnancy would be detrimental to health.' The practice has now became world-wide, and has extended to all married people who wished to limit their families. The instruction is mostly imparted at institutions maintained by voluntary contributions. In America some of these centres are located in hospitals. In New York fourteen of the hospitals distribute advice and means of birth prevention. Medical Schools in India should teach

the subject of contraception to the students. The first birth control measure initiated directly by a Government in the world, however, was that of the Mysore State. On the advice of the Medical Adviser of the State, it sanctioned, in 1930, proposals for birth control and allotted Rs. 500 for the purchase of contraceptive appliances to be issued at cost price to married women who require it "on considerations of health *or for economic reasons.*" The *economic* argument has finally triumphed among the most conservative people in the world who shout "religion in danger" to any advance or reform. While the British Government haltingly "permitted" (what the people had already established as a practice) the little state in the heart of Hindustan has virtually adopted as a matter of state policy before its unemployment problem had assumed serious proportions. With commendable courage and foresight this Hindu State has broken all tradition and taken timely action while other Governments look on hesitating and temporising in the face of the most menacing economic crisis ever experienced in a world of wealth and plenty.

Unemployment is not a passing phase; it is a growing evil closely connected with the growth of population. The times are propitious for Governments to inaugurate a policy of Race-regeneration based on a plan of scientific selection and limitation of population for the sake of a better world of improved efficiency and security for the human species.

Need for Dental Reform.

By Dr. C. Sitharam,

Dental Dept., Govt. General Hospital.

Want of proper facilities of acquiring *Dental* education and absence of any kind of dental legislature have been solely responsible for creating a situation in India and especially in the Madras Presidency which is without parallel in any country and which has degraded the profession to such an extent that the country is flooded literally with dental quacks both of this and other countries. It is a pity that Dentistry is looked upon merely as a good paying and handy profession which yields favourable remuneration in proportion to the capital invested in it, that so much so each and every body rushes through a few month's course under some private dentist and become practising Dental Surgeons. How is it, that this particular part of human body is treated with such a scant courtesy, not for a moment realising that Dental Surgery is as much important as Surgery of the eye, ear, nose, throat or any other organ with all its importance of asepsis, anatomy, physiology, pathology, etc. It must be remembered that cases of fracture of the mandible, necrosis of the aleveolar process, dislocation of the tempero-mandibular articulation, infection of the antrum with its serious complications, injury of the mandibular nerve, suppuration of the sockets have all been reported, due to neglect and want of proper manipulation during extraction of the teeth. Besides, some cases have proved fatal owing to persistent haemorrage after extraction for want of prompt and efficient treatment which could be possibly averted if only one anticipates that liabilities of haemorrage is characteristic of certain general conditions like haemophelia, pernicious anæmia, scurvy, purpura, arterio-sclerosis and other conditions, thereby giving some prophylactic treatment before. Some cases of shock, epilepsy, syoncopy, are not rare after extraction; besides not to mention the difficulties and complications of the local and general anesthesia in dental surgery. Some

diseases like pyorrehea, dental caries, and gingivitis are always associated with some constitutional disturbance and require not only active local treatment but also smart constitutional treatment for which one should be completely thorough with the etiology, pathology, etc., of the various diseases. In view of the above facts how is it that candidates trained under private individual dentists with three or four months course are let loose to make experiments upon the lay public.

It is highly impossible for lay pupils to master the subject within a few months and it is high time that the authors of these products should put a stop to manufacturing them without any discretion. Why not the qualified dental practitioners and other enlightened members of the Medical profession in this country think it fit to make a move in the direction of improving the conditions of the profession so that the Government might do the needful in the matter. It is hoped that the qualified Indian Dentists and members of the Medical profession heed the call of reform by their untiring efforts and raise the standard of Dental profession by agitating for a Dental Legislature and thereby emulating the noble examples of their professional brothers of America and Europe.

MEDICAL COUNCILS.

Madras Medical Council.

The Minutes of the General Business Meeting of the Madras Medical Council, on Monday, the 5th March 1934.

PRESENT.

President.

Major-General Sir Frank P. Connor, Kt., D.S.O., V.H.S., I.M.S.

Members.

Dr. R. J. Dyson, M.B., CH.B.
„ C. Frimodt-Moller, M.B., CH.B.
„ M. R. Guruswami Mudaliyar, M.D., C.M.
Lt.-Col. V. Mahadevan, F.R.C.S. (Edin.), I.M.S.
Lt.-Col. K. G. Pandalai, F.R.C.S. (Eng.), I.M.S.
Dr. S. Rangachariyar, M.B.C.M.
„ U. Rama Rao, L.M.P.
„ V. Rama Kamath, L.M.P.
„ Miss Ida S. Scudder, M.D.
„ N. Venkataswami Chetti, M.B. C.M.

Item No. 1.—Read G. O. Mis. No. 43, P.H, dated 5th January 1934, Local Self-Government Department, Madras, regarding the appointment of Major-General Sir F. P. Connor, Kt., D.S.O., V.H.S., I.M.S., as President, Madras Medical Council.

Dr. V. Rama Kamath welcomed the President with a short speech; the President made a suitable reply and the Government Order was recorded.

Item No. 2.—As the proceedings of the meeting of the Council held on 30th October 1933 were vitiated on account of the presence of Dr. T. S. Tirumurti whose term of office as member of the Madras Medical Council expired on the 28th October 1933, Dr. V. Rama Kamath proposed and Dr. U. Rama Rao seconded the following resolution :—

"The Council reaffirms the proceedings of the meeting of the Council held on 30th October 1933"—Carried.

Then Dr. V. Rama Kamath proposed and Dr. U. Rama Rao seconded that the proceedings of the meeting of the Council, dated 30th October 1933, reaffirmed this day, be confirmed—Carried.

Item No. 3.—Election of Vice-President for the year 1934-35—Dr. V. Rama Kamath proposed and Dr. S. Rangachari seconded that Dr. U. Rama Rao be re-elected as Vice-President of the Madras Medical Council. As there was no other nomination, Dr. U. Rama Rao was duly elected Vice-President of the Council for the year 1934-35.

Item No. 4.—Read Memorandum from Local Self-Government Department Madras, No. 47394-1 Dl. P. H., dated 9th January 1934, requesting the Council to state reasons for not accepting the recommendation of Syndicate of Andhra University that a member elected under section 5 (1) (*bb*) of the Madras Medical Registration Act, 1914, should be considered to have vacated his seat on the Medical Council when he ceases to be a member of the faculty of the University.

After some discussion the Council adopted the following resolution proposed by the President—Resolved

"To inform the Government that after reconsideration the Council is of opinion that member elected by the Faculty of any University should be considered to have vacated his seat on the Medical Council when he ceases to be a member of the Faculty of that University, provided that the Council are informed accordingly."

Item No. 5.—On the suggestion from the President, the Council fixed the following dates for the several items of the proceedings of the election to be held under section 5 (1) (*d*) of the Madras Medical Registration Act, 1914, for filling up the vacancy caused by the expiry of the term of office of Dr. T. S. Tirumurti.

Issuing of the precept, 3rd April 1934.

Last date of receipt of nomination papers, 18th May 1934, before 3 p.m.

Scrutiny of nomination papers, 25th May 1934, 3 p.m.

Sending out of voting papers, 4th June 1934.

Last date for receipt of voting papers, 5th July 1934, till 5 p.m.

Scrutiny and counting of votes, 6th July 1934, 12 noon.

Item No. 6.—On the suggestion from the President, the following dates were fixed for the several items of the proceedings of the election to be held under section 5 (1) (*e*) of the Madras Medical Registration Act, 1914, for filling up the vacancy caused by the expiry of the term of office of Dr. V. Rama Kamath.

Issuing of the precept, 11th July, 1934.

Last date of receipt of nomination papers, 20th August 1934, before 3 p.m.

Scrutiny of nomination papers, 3rd September 1934 3 p.m.

Sending out of voting papers, 17th September 1934.

Last date for receipt of voting papers, 30th October 1934 till 5 p.m.

Scrutiny and counting of votes, November, 1934.

Item No. 7.—Read report from Dr. R. J. Dyson regarding his inspectionas "visitor" of the Final M.B.B.S. Examination of the Madras University—Recorded.

Item No. 8.—Read report of the Standing Disciplinary Committee, dated 14th February 1934, regarding Mr. C. Seshachalam Nayudu's fraudulent registration.

After some discussion the Council decided first to hear the Vakil appearing for Mr. Seshachalam Nayudu, and in case Mr. Seshachalam Nayudu pleads "not guilty", to consider the desirability of appointing a Committee under section 17 (*a*) of the Madras Medical Registration Act, 1914.

Mr. Seshachalam Nayudu was called in and he appeared before the Council with his Vakil, and the following charge against him was read out by the Registrar :—

"You, Mr. C. Seshachalam Nayudu, are charged that you got yourself registered by fraudulent means in the Madras Medical Register on or about the 28th November 1929, yourself claiming to be an L M.S., D.T.M.H., of the Calcutta University, from the Medical College".

Mr. Seshachalam Nayudu was then called upon to plead "guilty" or "not guilty". He pleaded "not guilty".

Dr. Chatterji, the late Registrar, was sworn in and was examined on behalf of the Council.

Dr. Chatterji deposed that he was the Registrar of the Madras Medical Council from 1st December 1925 to 21st September 1932. He was not sure whether the signature on the medical registration certificate issued to Mr. Seshachalam Nayudu was his, though the signature looked like his (Chatterji's).

The Vakil for Seshachalam Nayudu cross-examined Dr. Chatterji asking him whether he was aware that the entries in the application for medical registration made by Mr. Seshachalam Nayudu were made in the office of the Registrar and to the knowledge of Dr. Chatterji. Dr. Chatterji denied the allegation.

The Vakil was then asked if he had any oral or documentary evidecne on behalf of his client and he replied in the negative. The Vakil then appealed to the Council that his client was a qualified person and fit to be in the Medical Register and the irregularity of not getting the previous sanction of the Governor-in-Council for putting his client in the Medical Register, might be condoned.

Mr. Seshachalam Nayudu and his Vakil were then asked to retire and the Council gave their verdict—that Mr. C. Seshachalam Nayudu was found guilty of fraudulent registration, and directed the Registrar to erase his name from the Medical Register and that the fact of the erasure of his name from the Register be notified in the Fort St. George Gazette and two important dailies in the City of Madras, one of which should be a vernacular daily.

Item No. 9.—Read report of the Committee appointed to find out the cause of delay in publishing the Medical Register—Dr. V. Rama Kamath proposed and Dr. U. Rama Rao seconded that the report submitted by the Committee be approved and the recommendation made therein should be given effect to—Carried.

Item No. 10.—Read report of the Committee appointed for recommending the registration of applicants possessing foreign medical qualifications—Lt.-Col. Mahadevan proposed and Dr. V. Rama Kamath seconded the report of the Committee may be approved—Carried.

Item No. 11.—Appointment of temporary clerk for the Council—After discussion Dr. U. Rama Rao proposed and Dr. Venkataswami Chetti seconded that a committee consisting of Dr. U. Rama Rao, V. Rama Kamath and R. J. Dyson, be appointed as Dr. Rama

Kamath as the convener to select a temporary clerk who should be appointed on probation for one year, and that the services of the present temporary clerk Mr. Hyath Pasha be terminated by giving him a month's notice from 1st April 1934—Carried.

Item No. 12.—Appointment of a Registrar for the Council—Dr. Frimodt Moller proposed and Lt.-Col. Mahadevan seconded that Major Goshan be permitted to continue to be Registrar for one more year. After some discussion Dr. Moller withdrew his proposition ; and Dr. V. Rama Kamath proposed and Dr. U. Rama Rao seconded that a Committee consisting of all the Resident members of the Madras Medical Council be appointed to select a candidate for the post of the Registrar, Madras Medical Council, who should be appointed immediately after selection on probation for one year. In the meanwhile the President of the Council be requested to make enquiries whether any suitable candidate is available either in his office or in the Government Secretariat—Carried.

Item No. 13.—Read Memorandum No. 48369-2 Dl-P.H., dated 23rd January 1934, Local Self-Government Department, Madras, asking the Council to fix the responsibility of the late clerk and the late Registrar in the matter of the misappropriation of the funds of the Council.

The Council decided that the question could not be discussed at present as the subject-matter was still *sub judice.*

Item No. 14.—Read letter from the General Secretary, All-India Medical Licentiates' Association, Bombay, dated 11th February 1934, regarding inadequate representation of the licentiates in the Provincial Medical Councils—Recorded,

Item No. 15.—Read report from the Registrar regarding registration of graduates of the Andhra University and of Practitioners in Part III of the Medical Register.

The Council decided that a provisional certificate from the candidates of the Andhra University as to their having passed the Final M.B. & B.S. examination be accepted and that all the other candidates who apply for registration and who are entitled to be in the third group of the Medical Register be asked to produce their diplomas or degrees in original.

Item No. 16.—Read letters from the Editor, The Medical Digest, and the Publicity officers of the South Indian Medical Union, requesting to supply copies of the proceedings of the Council—Dr. U Rama Rao proposed and Dr. V. Rama Kamath seconded that the copies of the proceedings of the Council after confirmation be supplied to all the medical journals edited by Registered Medical Practitioners whenever they apply for same—Carried.

Item No. 17.—Read complaint by Dr. Lingaraj Doss about Mr. Ananda Chandra Patro who was alleged to be using the title of L.M.P. though he was not a qualified practitioner.

Dr. V. Rama Kamath proposed and Dr. U. Rama Rao seconded that the complaint may be sent to the Local Government with a recommendation that action may be taken against Mr. Ananda Chandra Patro, under section 7 of the Indian Medical Degrees Act of 1916—Carried.

Item No. 18.—Read letter No. 158 M.C., dated 6th November 1933, from the Registrar, Assam Medical Council, regarding the reciprocity of registration between the Assam Medical Council and the Madras Medical Council.—Carried,

Dr. R. J. Dyson proposed and Dr. C. Frimodt Moller seconded that this Council accepts the principle of reciprocity on condition of the applicants for registration paying a fee of Rs. 5 for registering their names in the Medical Register and on condition the Assam Medical Council charges the same fee Rs. 5 for the Medical Practitioners of Madras Province who apply for registration in the Assam Medical Council.—Carried.

Item No. 19.—Read letter from the Registrar, Punjab Medical Council, No 1077/M.C./178, dated 22nd November 1933, asking the opinion of the Madras Medical Council, whether a Registered Medical Practitioner could style his dispensary in such a way as to make it appear a regalar chemist shop.—Recorded.

Item No 20.—Dr. V. Rama Kamath moved the following two resolutions :—

1. That a Committee consisting of three members be appointed to help the President in his executive duties in connection with the working of the Madras Medical Registration Act on the model of the statutory committees for the same purpose existing in other provinces.

2. The Council respectfully suggests to the Government the necessity of adding a section to the Madras Medical Registration Act (IV of 1914) for the purpose of preventing quacks from practising the allopathic system of Medicine and Surgery.

After some discussion Dr. Rama Kamath withdrew both the resolutions.

Item No. 21.—Statement of the Receipts and Expenditure for the year 1933—Dr. U. Rama Rao proposed and Dr. Venkataswami Chetti seconded that the Statement of Receipts and Expenditure for 1933 be approved—Carried.

Item No. 22.—Budget estimate for 1934-35—After discusssion the Council sanctioned the necessary expenditure mentioned in the Budget and requested the President to put the Budget in a proper form with the help of the Auditor.

Item No. 23.—Read Memo. from Local Self-Government Department, Madras, regarding registration of Mr. M. Asadulla, No. 6831-1-Dl-P.H., dated 22nd February 1934.

It was decided to forward the Memo. to the committee appointed to go through the applications from medical practitioners possessing foreign qualications.

Notes of a meeting of the Punjab Medical Council held on the 14th April, 1934.

1. Notifications regarding the appointment of following members were read and recorded :—

Col. C. H. Reinhold as President.
Lt.-Col. T. A. Hughes.
Dr. K. B. Khawja Abdul Rahman.

2. It was decided to approach Government with the request that a Register for qualified Dispensers and Dressers be opened on the lines of the Punjab Medical Register.

3. It was decided that the registered medical practitioners should not be allowed to associate their names with firms of Chemists and Druggists.

4. Court judgments in the various cases conducted against bogus medical practitioners were read and recorded.

5. A letter from the General Secretary, All India Medical Licentiates Association requesting that increased representation be given to Licentiates on the Punjab Medical

Council was considered and it was decided that up-to-date enquiries be made from other Provincial Medical Councils in India in regard to the number of Licentiates who are members of the various Provincial Medical Council and the replies received be placed before the next meeting.

ASSOCIATION NOTES.

The Nellore District Medical Association.

(REPORT FOR 1933-1934.)

Membership.—The year opened with 28 members, of which 18 were resident and 10 non-resident members. In this connection, I should like to state that there were 23 medical officers attached to Government and L. F. Hospitals ; 5 medical officers attached to the Rural Dispensaries, and 2 private medical practitioners at Kavali. Out of these 31 medical men in the district only 10 have joined the Association during the year.

The total number of practitioners (including hospitals) at Nellore are 21. So, on the whole, we have 31 plus 21 *i.e.*, 52 medical men in Nellore District. There are still many who are not members. It is expected that they will enlist themselves soon.

Finance.—The usual membership fee of Re. 1 per month, or Rs. 10 annually for resident members and Rs. 5 annually for non-resident members was collected. Out of the total demand of Rs. 243 only Rs. 193 were collected, leaving arrears of Rs. 50.

Meetings.—During the short period of existence of this Association as many as 10 meetings were held. One being for business the rest of them being of medical interest. The lectures were all interesting and instructive—thanks to the members who read the papers.

Journals.—During the year the following journals were got for the Association.

1. The Antiseptic,
2. The Practitioner (London), and
3. The Indian Medical Gazette.

But efforts were made to circulate these periodicals among the local practitioners, but it was not at all success. It is hoped that the office-bearers for the coming year will make arrangements.

Members' Activities.—Dr. M. A. Salam was elected to the Nellore District Board and Dr. B. Janardana Naidu to the Nellore Municipal Council. The Association takes this opportunity of congratulating them.

Habitation.—The Association offers its thanks to the District Medical Officer for kindly allowing them the use of the District Medical Office rooms for meetings. The Association offers its thanks to the President, District Board for allowing them to arrange a meeting during the year at the District Board meeting hall.

Conclusion.—The work turned out during the year has been, on the whole, satisfactory. There is yet scope for the development of this Association and the future will greatly depend on the co-operation and enthusiasm of the medical men of this district.

The Trichinopoly District Medical Association.

Proceeding of the Meeting held on 24th March 1934.

A monthly meeting of the above Association was held on Saturday the 24th, at 5 P.M., in the Government

Headquarter's Hospital, Trichinopoly. About 40 members were present. Dr. M. V. Sunderasan and A. Raghava Rao, were "At Home". Dr. C. E. R. Norman, F.R.F.P.S., D.P.H., Chief Medical Officer, South Indian Railway, and President of the Association presided.

Dr. V. Subramanyam, Hon. Dentist, Government Hospital, read an interesting paper on "Surgical Dentistry". After the lecture, there was demonstration of cases, two by Dr. Rajan, one of Gumma and another a Fusiform Aneurism of descending aorta, and two by Dr. V. Subramanyam, one of Enlarged liver and another of "Tubercular Hip". After demonstration of clinical cases, there was discussion about each case, in which many members took part.

Then the Secretary announced that he has received invitations from the Chettinad District Medical Association that the 4th Annual Gathering of their Association would be held on Saturday the 31st March under the Presidency of C. E. R. Norman, F.R.F.P.S., D.P.H., C.M.O., S.I.Ry., and this Association might send greetings, and as many members to attend the same.

With a vote of thanks to the host, the Lecturer and the President, the meeting terminated.

The South Kanara District Medical Association, Mangalore.

A meeting of the above Association was held in the Wenlock Hospital on 26th May 1934 when Capt. M. G. Kini, M.C., M.B., M.Ch., F.R.C.S.E., Second Surgeon, King George's Hospital, Vizagapatam, delivered a lecture on Anterior Poliomyelitis. The meeting was largely attended by members as well as non-members.

Lecturer began with the demonstration of four cases of chronic Anterior Poliomyelitis. The first was a case of a young girl aged 12 years, who had developed a Calcaneo-varus deformity of the right foot and a Calceno-valgus deformity of the left foot, on account of the fact that whereas the pronei were working on one side they were paralysed on the other. This was a case to demonstrate that this peculiar combination of paralysis of the peroneal group of muscles, made the girl walk a bit better, as she would have developed a marked Genu-varum deformity of both legs if the peroneal groups of muscles were paralysed on both sides resulting in a most unsightly gait.

The second was an adult male about 26 years who had an attack of fever at the age of six years after which he developed a right hemiplegia, the residual paralysis now affecting only the right lower limb. He goes about with the stick in his right hand resting the right foot on it while taking a step forwards with the left. On account of this peculiar gait he had developed a flexion deformity of the hip, subluxation of the knee with backward displacement of the upper end of the Tibia as a result of the overworking of the flexors of the knee. His Tendo-calcaneus was completely paralysed and he had a marked Pes-cavus deformity.

The third was a case of young boy aged 9 years with a drop-foot deformity of the forefoot, the flat foot being the result of shortening of the Tendo-calcaneous.

Fourth was an adult male aged 24 years, who had paralysis of the right Quadriceps, medical side of the Tendo-calcaneous and a Pes-cavus deformity. He had also a Pathological dislocation of the hip as a result of weight-bearing on the diseased limb at a very early

stage. His gait was typical of Quadriceps paralysis. The lecturer then dealt with some of the salient points in connection with the acute stage of the disease. That it was essentially a disease of children between the ages 3 and 7 on account of the exuberance of lymphatic tissue of the Waldeyer's ring at the age. The organism was a filter-passing virus which satisfied Koch's postulates entering through the lymphoid tissue of the mouth and affected anterior cornual cells and as such the paralysis was a lower motor neuron lesion. The spinal cord mostly in the region of the Cauda Equina is the part affected and this being situated about the region of the first lumbar vertebra a pivotal point of the spine about which marked movement takes place slight injuries to the spinal cord during such movements of the spine probably played a part in the particular suspectability of this region of the cord to the virus. The virus kills the anterior cornual cells by its toxins and also by the pressure of exudate and growth of neuroglial tissue produced as result of inflammation, and recovery of certain group of paralysed muscles being explained by the removal of such pressure before the anterior cornual cells are permanently damaged by the overflow of impulses from adjacent groups of cells. The disease begins with a high temperature of 103 or 104 so much so that the relatives generally attribute it to an evil eye; the fourth case demonstrated was illustrative of this point. There is not much change in the C. S. F. during the acute stage of the disease. A marked hyperaesthesia of the limbs during a high fever of sudden onset was fairly characteristic of acute anterior poliomyelitis and should always make one think of this condition. This hyperaesthesia could be considerably abated by keeping the child in a warm water bath kept at a uniform temperature of 100 F. During the paralytic stages the child ought to be nursed with its joints kept in a position of Physiological rest in order to prevent ugly late deformities and the lecturer considers a Jones' double abduction frame a useful mechanical appliance. The child ought to be nursed in the frame till some time after all signs of the acute stage were passed, and the paralysis has become stationary. In the treatment such late residual paralysis re-education of the paralysed group of muscles by suitable exercises was very useful. Operations on tendons and tendon transplantation have not many advocates at present. As regards the other operations and fitting up appliances it was all a matter for the Specialist.

The lecturer chose this particular subject because of the large number of persons afflicted with this disease and to focus the attention of the medical profession on this disease so that an early diagnosis and suitable treatment during the acute stage might avoid a lot of late deformity and considerably reduce the number of cripples going about the streets.

After the lecture on Anterior Polimyelitis a few magic lantern slides of interesting cases of Castric and Duodenal ulcers, certain Pyelograms, Meningoceles and fractures round the elbow were also shown.

The Honorary Secretary then thanked the lecturer on behalf of the Association and the Doctors present. The meeting then terminated to reassemble in the Faj Mahal Hotel for dinner. There was a large attendance of local doctors. The guests had a very enjoyable time, as the arrangements made left nothing to be desired.

The function terminated by suitable speeches from a few members and guests and the usual vote of thanks from the secretary.

SERVICE BUREAU INFORMATION REQUIRED.

Q. 1. What are the surest ways and means of preserving cocoanut oil, gingely oil and other allied substances for a long time without getting rancid or spoilt in other ways ?

Q. 2. A registered medical practitioner in Government Service in a station asks another medical practitioner (registered) and in private practice, in that station whether he is registered and if so, in what year and in what place. Is the latter bound to answer the former that question ?

Q. 3. Supposing the person questioned is an *unregistered* one even then, is he bound to answer a similar question from a registered practitioner in Government employ especially when the letter of demand for information is silent as to what purpose the information is called for.

Q. 4. If the latter is not practising for the public but for his own kith and kin (near) and family, is he bound to answer and furnish reply to the question above stated ?

Q. 5. Whether the former can refuse to dispense the prescriptions of the latter in Cases No. 1, No. 2 and No. 3 not having got an answer to former's question for information ?

REVIEW.

"TONOVAN" the new Schering food tonic complies with all the demands made of the preparation intended to compensate for the lack of variation in Indian diet. In contains carbohydrates—the most readily available form of energy—in a concentrated form, valuable proteins, lecithin, vitamins A, B & D, and mineral salts. It is free from any artificial constituents, meat extracts of fats of any kind and contains no colouring matter or preservatives. Its high calorific value and special contents of Vitamin B make "Tonovan" a valuable foodstuff for building up and maintaining bodily and nervous strength. It is highly palatable.

BULLETIN

OF THE

SOUTH INDIAN MEDICAL UNION

MADRAS, JUNE 1934.

Dear Sir,

In accordance with the desire of a large number of our friends we have, as a tentative measure, issued the Bulletin to our friends among the General Public, especially those who are now engaged in nation-building work. It is quite possible that owing to oversight, the Bulletin might not be reaching all of them and we request ALL who are interested in the Medical relief of the Presidency to kindly inform us their correct addresses, to enable their names being placed on the COMPLIMENTARY LIST.

Speaking about the correctness of addresses some copies of the Bulletin are being returned by the Post office with the endorsement "left station—no instructions." Will ALL MEMBERS OF THE MEDICAL PROFESSION kindly send us their present address and any future change. WE DO WANT TO BE IN TOUCH WITH THEM AT ALL TIMES.

T. Krishna Menon

PUBLICITY OFFICER.

BULLETIN

OF THE

SOUTH INDIAN MEDICAL UNION

KILPAUK, MADRAS.

The Society Journal with the largest circulation among the Independent Medical Profession of South India.

Dear Doctor,

If sufficient encouragement is forthcoming in the way of Clinical material it is proposed to raise the Bulletin of the S. I. M. U., into a monthly JOURNAL. The intention of the publishers is to restrict contributions to those practising in South India and to South Indian Nationals abroad.

I trust that I can count on your help and shall be thankful if you will let me have your contributions on Medical, Medico-legal, Medico-social, Medico-political and other subjects allied to medicine whenever and as frequently as is possible for you.

In your capacity as a leading Doctor, as an officer of your medical association or in charge of medical public activities I am sure you will have enough material behind you which will be useful to your brethren elsewhere. I shall consider it a very high favour if you can let me have a reply as to when and how frequently I may expect your contributions.

Yours fraternally,

T. Krishna Menon

Publicity Officer.

South Indian Medical Union.

CLINICAL MEETINGS.

SESSION 1934—1935.

Members of the South Indian Medical Union and Others desirous of reading papers at the Clinical Meetings of the Union during Session 1934—1935 are requested to send their names with the title of the paper they wish to read, to the Secretary, South Indian Medical Union, Kilpauk, before the 31st July 1934.

The date of which the papers would be read will be informed later.

K. C. PAUL,
P. RAMA RAU,
Secretaries.